



# DFW 2017 REGISTRATION

### CAMPER INFO

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_

DOB: \_\_\_\_\_ Grade Entering: \_\_\_\_\_ School: \_\_\_\_\_

Type of Camper: Gender: \_\_\_\_\_ Shirt Size: \_\_\_\_\_ (YS, YM, YL, AS, AM, AL) TEAM (BLUE Or RED) \_\_\_\_\_

Allergies/Medical Info: \_\_\_\_\_

Insurance Provider: \_\_\_\_\_

PAYMENT INFO: COST: \$ \_\_\_\_\_ Number of Camps: \_\_\_\_\_ JAN - FEB [\$159] MAR [\$179] APR [\$199] MAY [\$225]

### DFW Session(s):

- \_\_\_\_ JUNE 12 - 17: DFW - Northwest (Grapevine): Grapevine Faith School
- \_\_\_\_ JUNE 19 - 24: DFW - Central (Lake Highlands): Highland Oaks Church of Christ
- \_\_\_\_ JUNE 26 - JULY 1: DFW - North (McKinney): TBD
- \_\_\_\_ JULY 10 - 15: DFW - Northwest (Lewisville): First Baptist Church Lewisville

### PAYMENT INFO

CC#: \_\_\_\_\_ CSC #: \_\_\_\_\_ Exp: \_\_\_\_\_ OR ON FILE \_\_\_\_\_

Billing Address: \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Check #: \_\_\_\_\_

### PRIMARY GUARDIAN INFO

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_

E-mail: \_\_\_\_\_ Alternate E-mail: \_\_\_\_\_

Relation: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Work Phone: \_\_\_\_\_ Home Phone: \_\_\_\_\_

Address: \_\_\_\_\_

### SECONDARY GUARDIAN INFO

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_

E-mail: \_\_\_\_\_ Alternate E-mail: \_\_\_\_\_

Relation: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Work Phone: \_\_\_\_\_ Home Phone: \_\_\_\_\_

Address: \_\_\_\_\_

I am above the age of eighteen years of age, of sound mind, and fully competent mentally and physically to sign this document. I am signing this document on behalf of my child listed above. I certify that I am the parent and/or legal guardian of the child listed above. I hereby give my full informed consent to allow my child listed above to participate in CG Victory, operated by CG Adventures International, Inc., and to be transported by CG Victory agents or volunteers in buses or automobiles to the event site and returned to designated pick up locations. I may be contacted at all times by the contact information provided below regarding my child's care and activities. I hereby certify that my child is in good medical condition and that he or she is fully capable of participating in this fitness program which will involve vigorous physical activities and games. I certify that I know of no medical problems or medical restrictions that would prevent my child from participating in this program. I recognize that exercise involves varying degrees of risk to my child's muscular skeletal and/or cardio respiratory systems, and that there exists the possibility of adverse changes to my child's health during the exercise program. I have been informed that these changes could include abnormal blood pressure, excessive sweating, dizziness, rapid heartbeats, fainting, exhaustion, overheating, and in very rare instances a possible heart attack, stroke, or even death. I also certify that my child is able to participate in specialized skills training for fitness or track competitions, which may involve running, jumping, throwing, climbing, individual and team competitions, races, obstacle course exercises, or adventure activities, races, or contests to improve their track, team bonding and sportsmanship skills and fitness level. On behalf of my child, myself, my heirs, successors, assigns, and any party claiming by or through me, I fully waive, release, and discharge CG Victory, CG Adventures International, Inc., and all of their agents, officers, principals, trainers, contractors, agents, volunteers, and employees of any and all claims, demands, actions, or damages of any kind, such as but not limited to: personal injury damages, property damages, damages caused by negligence of any type caused by the condition of premises, premises owner/operator, CG Victory agent or 3<sup>rd</sup> party in attendance, or damages suffered as a result of my child riding in any bus or other vehicle operated by CG Victory, it's 3<sup>rd</sup> party agent, or volunteer to transport my child to and from the event site, resulting from my child's attendance and participation in the CG Victory program in Austin, Dallas, Houston, Waco or any other city in Texas. I also will instruct my child that he or she is free to stop exercising or participating in any exercise at any time, or take a break, to drink water or other fluids, or slow down his or her level of activity at any time while a participant in the program at his or her discretion. I understand that the program is intended for healthy children, which will involve several vigorous cardio workouts and obstacle course challenges. I freely and voluntarily assume any and all risks associated with my child's participation in this program. My child has been evaluated recently by his or her physician, who fully approves or his or her participation in this program. My insurance and contact information is provided above, and I consent to any emergency medical attention my child may need, if any, if any accident occurs on site, and agree to pay for any and all medical expenses, if any are incurred in providing emergency medical care to my child. I hereby waive and release the above firms and agents for any and all damages, property loss or damages, or bodily injuries of any type, which may arise from my presence or the presence of my child at the premises or from use of equipment involved in fitness training as well. I also agree that my child's name, likeness, photo, or videos concerning my child's participation in the camp may be used by the affiliated companies for advertising or promotional purposes without any compensation due to me or my child.

Signature of Approval \_\_\_\_\_ Date \_\_\_\_\_

Internal Use Only Trainer Code: \_\_\_\_\_